



PUBLIC HEARING NOTICE

NEW YORK STATE SENATE

Notice of Public Hearing



Title: Full Steam Ahead? Joint Hearing on the MTA's 2010 - 2014 Capital Plan

Subject and Purpose: In October the MTA issued a Capital Plan that details the projects it intends to construct and develop over the next five years. Of the nearly \$30 billion in projected capital needs, the Authority is already nearly \$10 billion short. A recent Citizens Budget Commission report criticized the MTA's design and management of Capital Plan Projects. In light of these concerns, this hearing will focus on the specifics of the proposed plan and funding strategies, as well as the process by which such plans are prepared and executed. The purpose is to improve the process and make it more transparent and accountable. The Committee will receive testimony from the MTA, advocates and the general public.

Senate Standing Committees On Corporations, Authorities and Commissions

Senator Bill Perkins, Chair

Investigations and Government Operations

Senator Craig Johnson, Chair

MTA Capital Program Review Board, Voting Member

Joint Hearing on MTA Capital Plan

December 3, 2009 – 10:00 AM

**Location: 250 Broadway
19th Fl Senate Hearing Room
New York, New York**

Reply Form: Persons who wish to testify at the December 3rd hearing must RSVP by email at FPettaway@gmail.com, via fax: 212-678-0001 or by mailing to the address below.

Frank Pettaway
Office of Senator Bill Perkins, Chair
Corporations, Authorities and Commissions Committee
New York State Senate
163 West 125th Street, Suite 912 New York, NY 10027
Phone: 212-222-7315, Fax: 212-678-0001

Oral testimony will be limited to five (5) minutes per witness. Persons attending the event are asked to submit electronic copies of their testimony to FPettaway@gmail.com or bring 10 paper copies of testimony to the hearing.

I will attend and have included my contact information below.

I will not attend, but am submitting written testimony and have included my information.

I will attend and require assistance and/or handicapped accessibility information and have included my information. **(Please specify the type of assistance required):** _____

Name: _____

Organization: _____

Address: _____

E-Mail: _____

Telephone: _____ Fax: _____